

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
HEALTH DEPARTMENT OF ARIZONA

PLACE OF BIRTH

COUNTY

DATE OF BIRTH

by
(100)
923
for

3 5M 5-1-31

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

This return should preferably be made
the person who made the original

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Globe Arizona County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD * Boy Twin Triplet or other? _____ and _____ Number * in order of birth _____

DATE OF BIRTH * Dec 18 1930
(Month) (Day) (Year)

FATHER
NAME Oren J Campbell

MOTHER
NAME Fannie Miller

I HEREBY CERTIFY that the child described herein has
been named

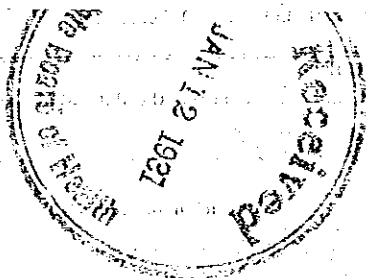
Charles Synnor Campbell
(Give name in full) (Surname)

Mrs O J Campbell
(Parent's Signature)

(Signature of Physician or Midwife)

* These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of
following month.



MARGIN R